

Case Number:	CM15-0015992		
Date Assigned:	02/04/2015	Date of Injury:	04/07/2012
Decision Date:	03/27/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/28/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 22-year-old female sustained work-related back injury due on 4/7/2012. According to the progress notes dated 12/12/2014, the injured worker's (IW) diagnoses include lumbar disc herniation and left lower extremity radicular pain. She reports lower back pain with radiation down the left leg to the ankle. Previous treatments include rest, medications and physical therapy. The treating provider requests physical therapy two times a week for six weeks to the lumbar spine. The Utilization Review on 12/30/2014 non-certified physical therapy two times a week for six weeks to the lumbar spine, citing CA MTUS Chronic Pain Medical Treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical Therapy Two Times a Week for Six Weeks to the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: This patient presents with low back pain radiating down the left leg. The patient is not post-surgery. The treater is requesting PHYSICAL THERAPY TWO TIMES A WEEK FOR SIX WEEKS TO THE LUMBAR SPINE. The RFA dated 12/22/2014 shows a request for additional course of physical therapy to the lumbar spine two times per week for six weeks. The patient's date of injury is from 04/07/2012 and her current work status is modified duty. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The physical therapy reports from 03/06/2014 shown visit number five. She continues to complain of constant low back pain at a rate of 9/10 located in the center and greater on the left side of the lower back and buttocks. The patient tolerated the treatment well and her home exercise program was reviewed. The 12/12/2014 report shows that the patient recently attended two physical therapy sessions which gave her increased range of motion. She continues to complain of lower back pain at a rate of 7/10 which is frequent and radiates down to her left leg down to her ankle. The MTUS Page 8 on chronic pain requires satisfactory response to treatment including increased levels of function, decreased pain or improve quality-of-life. Given the lack of functional improvement while utilizing physical therapy, the requested 12 additional sessions IS NOT medically necessary.